

SENDER: COMPLETE THIS SECTION

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Nurse Austin  
Staton Correctional Facility  
PO Box 56  
Elmore, AL 36025

CDO

05-887

## A. Signature

Felicity Austin

 Agent Addressee

## B. Received by (Printed Name)

Felicity Austin

## C. Date of Delivery

1/26/04

## D. Is delivery address different from item 1?

 Yes No

If YES, enter delivery address below:

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

## 2. Article Number

(Transfer from service label)

7005 0390 0000 5269 2158

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Administrator Aaron Bee  
Staton Correctional Facility  
PO Box 56  
Elmore, AL 36025

C40 05-887

## 2. Article Number

(Transfer from service label)

7005 0390 0000 5269 2127

PS Form 3811, February 2004

## A. Signature

X *Telisha Autry*

Agent

Addressee

## B. Received by (Printed Name)

*Telisha Autry* 1/27/06

## C. Date of Delivery

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent Addressee

## B. Received by (Printed Name)

Felix J. Kelly

## C. Date of Delivery

1/26/06

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 1. Article Addressed to:

Dr. Pleasant  
 Staton Correctional Facility  
 PO Box 56  
 Elmore, AL 36025

CLO 05-887

## 2. Article Number

(Transfer from service label)

7005 0390 0000 5269 2141

Domestic Return Receipt

PS Form 3811, February 2004

## 3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Nurse Lassiner  
 Staton Correctional Facility  
 PO Box 56  
 Elmore, AL 36025

C40 05-887

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Jillie Miller

 Agent Addressee

## B. Received by (Printed Name)

Felix A. Miller

## C. Date of Delivery

1/26/06

## D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service label)

7005 1820 0002 3465 2164

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540